Case Management Bridge Crossings

Bridging the Chasms of Case Management . . . making it a reality

Melanie Prince, Maj., USAF, NC

Disease Management (DM) offers a fertile field of opportunities for the healthcare industry.

Having recently attended a meeting with the Case Management Leadership Coalition I was impressed by the increasing emphasis on Disease Management (DM) Programs! The merits of DM are becoming increasingly evident as stakeholders recognize the value of managing groups of patients with the same illness via disease management programs while retaining an individualized case management approach for more complex patients.

There are several definitions for DM and they vary by stakeholder perspective. A Managed Care Organization defines DM as a *method* of standardizing practice for specific patient *populations* in a cost-effective, *quality* manner. Providers define DM as a *process* of preventing, predicting, and managing disease states to ensure optimal quality of life. Payers define DM as a systematic method of providing rational medical care in an efficient *cost-effective* manner. (Wojner, 2001). **Key terms to note in these definitions are: process or method, quality, populations, and cost-effectiveness.** Entire books have been written on DM, but these four terms are useful in presenting a snapshot of current trends.

Process or Method: DM programs vary widely from health information mail-outs to call centers for telephonic management. Others use a multidisciplinary approach to manage populations with varying levels of DM intervention based on patient complexity. The industry is growing with a variety of methods to provide DM. The opportunity for evaluating the quality of these methods is now at hand

Quality: DM vendors are flourishing and organizations are "growing" their own programs. In 2000, the National Committee for Quality Assurance (NCQA) announced that it would develop a certification program to provide oversight and offer a performance-based evaluation of DM programs. Today, NCQA has certified over 25 organizations and will publish Standards and Guidelines and a Survey Tool in 2004. More information may be found at www.ncqa.org. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) also has a certification program that provides a comprehensive evaluation of disease or condition-specific services. The JCAHO Disease-Specific Care Certification has certified over 15 organizations. More information may be found at www.jcaho.com. Walter Reed Army Medical Center has already received certification from JCAHO for several programs. We strongly encourage MTFs to develop such programs and to consider some sort of national certification.

Populations: People with chronic disease continue to account for a significant portion of healthcare expenditures. More importantly, chronic diseases impact a person's ability to care for themselves, care for others, or live productive and functional lives. DM offers opportunities for clinicians to monitor outcomes and teach strategies to assist people to live with chronic disease. Some of the common diseases and conditions amenable to DM are diabetes, asthma, cardiovascular, depression, and high-risk obstetrics. As DM gains in popularity, the trend is toward identifying and substantiating the value for both patient and the healthcare entity – the cost effectiveness piece.

Cost effectiveness: DM can realize short and long term gains for medical management…or can it? There is an intuitive belief that DM strategies work. There are research projects, tools, and methodologies under development to answer this question. Consider this:

- The Centers for Medicaid and Medicare has an ongoing demonstration project with several organizations to study the effectiveness of disease and case management on specific populations.
- Information Management vendors or developing Predictive Modeling tools to anticipate, trend, and document impact of medical management interventions over time.
- Patient Registries provide a database of information used to measure outcomes.
- Clinical Practice Guidelines are tools to standardize DM processes and afford uniform ways to evaluate interventions.

The bottom-line is to show a return on investment from DM as an effective medical management strategy. When you consider the four key terms – process/method, quality, population, cost-effective – the charge is to demonstrate DM's effectiveness with this equation:

Health Care Value = Quality Care Delivery / Resource Utilization (Wojner, 2001).